

Committee on Energy and Commerce
Opening Statement
of
Subcommittee on Health Ranking Member Gene Green
May 23, 2018

Reauthorization of the Children's Hospital Graduate Medical Education Program

I would like to thank Chairman Burgess for holding today's hearing on the reauthorization of the Children's Hospital Graduate Medical Education Program, and for working with me to introduce the Children's Hospital GME Support Reauthorization Act, H.R. 5385, earlier this year.

I'd also like to thank our two panelists, Dr. Gordon Schutze, Executive Vice Chair of Pediatrics at Texas Children's Hospital in Houston and Dr. Sarah Guralnick, Associate Dean for Graduate Medical Education at the University of California-Davis, for joining us today.

It pleases me that we are holding today's hearing to reauthorize the CHGME Payment Program that has provided needed funding to train pediatricians since it was first authorized under the Healthcare Research and Quality Act.

Dr. Burgess and I, as the Chair and Ranking Member of this subcommittee, have worked together to develop legislation to reauthorize this vital program.

The CHGME Payment Program was created to authorize payments to children's hospitals to support needed and vital medical residency training programs.

Although most hospitals typically receive GME funding through Medicare, pediatric hospitals treat very few patients enrolled in the Medicare Program, denying these hospitals similar support from the federal government for medical training.

The CHGME provides needed funding for training the pediatric workforce, including pediatricians and pediatric subspecialists, such as neonatologists, pediatric psychiatrists, and adolescent health specialists, as well as other physician types in non-pediatrics-focused specialists that may rotate through children's hospitals for a period of time during their residency.

Since its creation, the CHGME Payment Program has made it possible for thousands of pediatricians to receive training. Those physicians receiving training in 1 of the 58 free-standing children's hospitals throughout 29 states, the District of Columbia, and Puerto Rico, go on to serve in rural and other underserved areas helping to alleviate the pediatric workforce shortage.

The CHGME is needed now more than ever to help train the pediatric workforce that will be required to meet the needs of the growing pediatric demographic.

The CHGME Program fills a vital gap in healthcare by providing the funding needed to train pediatricians and pediatric specialists in many hospitals throughout the nation. The physicians trained through the program go on to provide needed pediatric care throughout the United States, including to children living in underserved and rural communities.

I encourage my colleagues on the subcommittee to support the reauthorization of this vital program in order to help ensure that there will be enough pediatricians to provide needed healthcare services to future generations of Americans.

Thank you, Mr. Chairman. I yield back the remainder of my time.